USING HISTORICAL ANTHROPOLOGY TO *THINK* DISABILITY

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It has to be explained at the outset that in French, we are obliged to use the word *handicap* to cover what is understood by the term *disability* in current Anglo-Saxon usage. The word *handicap* has been adopted and adapted in French as the *least bad* generic term. Protest as one might against this, a language is nevertheless made by language users, the people who speak it. It is not worth agonising over it further.

INVITATION TO THINK

In France today, disability is thought of in relation to the issue of what is known as *exclusion*, that is, in relation to the form which has been taken by the social question. In *La nouvelle question sociale*, one of the best analysts of French society, Pierre Rosanvallon, treats the problem of disability as a sort of exception against which others can be set off. In the context of his analysis of the impasse in the social question and possible ways out, one major danger is apparent to the author: that of paying the wages of exclusion, as he puts it so well. That is to say, our societies would be rich enough to compensate those whom they can no longer fit or integrate into the economic sphere. From this perspective *disability* is a category which it is not advisable to move from the medical domain into the social. One can allow that *deficient* people are dependent on solidarity, as seen by the welfare state, but since this would extend the category, it would mean perversely institutionalising the separation between the economic and the social, *putting the society of compensation on a par with the society of exclusion*.

> The category of social disability was invented in the 80s, just as the category of unemployment was invented at the end of the 19th century – in order to deal with the population which could no longer be normally fitted into society. In this case, the citizen lost out morally where the receiver of unemployment benefit gained financially: a form of solidarity is practised at the price of being sidelined by society. (Rosanvallon 1995: 118ff., our translation)

With this introduction I would like to emphasise two points: firstly, in each country or cultural area, disability is conceived of differently; and secondly, it is conceived of in the light of the prevailing situation in that country. I believe accordingly that disability may be, and indeed must be, confronted and examined theoretically, historically and sociologically. A *permanent dimension* of the societies must be taken into consideration here. Why have power, sexuality, religion, poverty, gender, etc. been thought through, but not infirmity (I use this word since it is the least laden with preconceived meanings)? It is neither a negligible subject, nor merely an appendix to the social question. It is we who obliterate it, to the point of thinking it *is* thus – just as was done, for a long time, with women or mental illness. I will spare you an account here of the very detailed nature of ideas on disability as demonstrated by the French example. It would be of little interest to recall a history stretching from the *blind workers* of the French Revolution and the *industrial accident victims* of the end of the 19th century, then the *war wounded*, mentioning in passing the notion of *maladjustment* in the context of the ideology of World War II, to finally arrive at the construction of the notion of disability (or *handicap* in French[1]), confronting the notions of marginality, then of exclusion. Not to forget P. Wood's proposal adopted by the WHO, which has had a significant career in France!

FROM STIGMA TO OPPRESSION, OR THE SOCIOLOGY OF POLITICAL ANALYSIS

In the Wake of the Chicago School

Most sociology courses now mention the work of Erving Goffman, and in particular his book *Stigma. Notes on the management of spoiled identity*, and also Howard Becker's work, with its concept of deviance, which is likewise a product of the interactionist and microsociological Chicago School. These works have been used to saturation point to consider the issue of disability and disabled people. Not only did this lead to a failure to find any compromise with social intervention and to establish any overall plan, but the question of disability was linked to other socio-psychological phenomena, and disabled people to other groups. The fact of a mark on the body to indicate disfavour, disgrace, deepest disrepute, as had been made on slaves, outlaws, prostitutes, and as was made on the Jews, constituted a way of seeing how an infirmity (or monstrosity or deformity, it's all the same), gave way to a virtual social identity displacing completely the real social identity, just as happens when race or character are stigmatised. There is daily confirmation just how true it is that a deficient person becomes

> an individual who might have been received easily in ordinary social intercourse (but who) possesses a trait that can obtrude itself upon attention and turn those of us whom he meets away from him, breaking the claim that his other attributes have on us. (Goffman 1964: 5)

The phenomena of the stereotype, or the amalgamation of ascribed traits, are most evident when it comes to deficient people, and in Goffman's thinking appear as established, daily fact. The same goes for his insistence on the reference to an established social norm. After having described the norms applied to the American male of the 50s, he writes:

> Any male who fails to qualify in any of these ways is likely to view himself – during moments at least – as unworthy, incomplete, and inferior; at times he is likely to pass and at times he is likely to find himself being apologetic or aggressive concerning known-about aspects of himself he knows are probably seen as undesirable. The general identity-values of a society may be fully entrenched nowhere, and yet they can cast some kind of shadow on the encounters encountered everywhere in daily living. (ibid.: 128)

In such texts we can read the attitudes currently encountered amongst the disabled and those around them. The purpose here is not to give an account of Goffman's thinking, but rather to show how opportune his appearance on the scene was, insofar as it proved a powerful aid to developing studies on the social representation of disability and disabled people.[2]

On the level of content, I am not certain whether any very new stage has been reached with regard to Goffman, studies on social representations having shown in detail the general underrating of people who are marked either in body or mind, the hierarchies between deficiencies and the historicity of representations (Ravaud/Ville 1994), without actually questioning either the interactionist approach or the notion of stigma as applied to disabled people. For in this sociology of interrelations, disability *qua* infirmity is completely circumscribed – unusually for something otherwise always located on the frontier to the phantasmatic, in search of identity through the mirror, through social practices, which will contain, situate or relieve it. Disability cannot be conceived of outside of the sphere of the psyche, because it returns again and again to the image of the self, both that of the disabled person and of the onlooker. The gaze of others is a complex of preconstructed gazes, of introjected gazes of other people, of the own introjected gazes. In fact, I wonder whether psychoanalysis, which has only recently begun to take a major interest in disabled people, would indeed have done so without the mediation of psychosociology. This is however a secondary debate; what is certain is that the Chicago School was in a good position, sociologically speaking, to apprehend and think about disability.

If one furthermore takes into account studies of outsiders, about whom the work of Norbert Elias[3] has shown us the real nature, independent of economic or social conditions, then we have the means to approach the disabled situation as an issue in its own right. At the same time, it is possible to go beyond Goffman and Becker. To set down the difference between the *established* and the *outsiders*, there is no need of marked or stigmatising physical traits, nor of fundamental economic and cultural differences. The difference can be constructed out of nothing: it suffices that an established group perceives another as intrusive, bizarre, nonconformist, menacing to identity, etc., and that the former group tells itself this persuasively.[4] As Michel Wierviorka says in the foreword to Elias' book, “the situation is astonishing, since it exposes racism without race, and exclusion without economic division” (Elias/Scotson 1997: 13, our translation). I should add that the rejection of disability is often exposed without there being any particular monstrosity and independent of a particular socio-economic context. The disabled are perceived as outsiders because they offend, because they threaten the image we have of our tidy little identities as people in possession of their faculties, as useful, profit-bringing workers, and various other things of this nature.

> The power of Elias lies in his capacity to produce coherent argumentation, in which he articulates that which has before generally been separated or simply juxtaposed, like so many distinct factors and registers. Thus the structure of the family appears, in this analysis, inseparable from that of the community which Winston Parva constitutes in its entirety ... from there one passes on to the associative life ... (ibid.: 20, our translation)

As in the case of Goffman, but undeniably in a much nicer way, this type of sociological analysis allows us to confront the question of disablity where it is actually situated: at the intersection of the individual image of oneself and the collective image of the group, the intersection of the paths between phantasm and cultural representation.

If any, this would be the moment to recall Marcel Mauss – not only his concept of the social fact as such, which makes it possible to link the individual and the social, but his idea of a relationship of translation between the individual and the social. As Bruno Karsenti wrote, it is "the unique expression, elaborated on the individual level itself, of a sociological structure", and this is possible thanks to the "status of the symbol" (Karsenti 1994: 85, our translation).

> That which allows the notion of the symbol, is, in short, the bypassing of the confrontation with realities which have been ignominiously hypostatised by the social sciences: in this conception there is no longer either individual or society, but only a system of signs which, by mediating the relations which each has with each, constructs in one and the same movement the socialisation of individuals and their unification in a group. (ibid.: 87, our translation)

There is a symbolic commensurability between the individual and the collective, because there is a symbolic function, a flexible, versatile whole which ramifies into one another's always different and often distant spheres. To me, psychoanalysis appears to constitute an area of convergence between the individual and the collective. Moreover, this is not, I believe, very far from Freud's conception in his *Massenpsychologie und Ich-Analyse* (1921), which I compare with Mauss' *Real and Practical Relations between Psychology and Sociology* of 1924. Freud pointed out that the individual's relations to his/her parents and siblings, beloved, teacher, doctor, etc. – i.e. the relations which had hitherto been the object of psychoanalysis – could also be considered social phenomena. Individual and social psychology, according to Freud, could thus not be separated.

Referring to totems and taboos, Mauss for his part writes,

> we believe that these ideas have the capacity for enormous development and persistence, and from the way they haunt the individual consciousness we understand better why they are believed when, practised by the group all together, they are verified by the the common obsession of the group. (Mauss 1979: 14)

For us, this contains a very valuable blueprint for the analysis of disability, constituting one of those "symbolic nodes ... privileged points in a symbolic network where the significations most valorised by the group are gathered and tied together"(Passeron 1992: 330, our translation). And Karsenti continues: "places from which the classical dichotomies of earlier sociology may rightly be dissolved. And in the forefront of these, the opposition between the individual and the collective" (op. cit.: 94, our translation). Disability and impairment are one of these nodal points where everything psychoanalysis has been able to discover is knotted together (on the part of parents of disabled children, there is trauma, stupefication, guilt, murderous impulses which turn into overprotection, blame directed at the previous generation or spouse, the impossibility of mourning, quest for personal or sexual identity, etc.,[5] together with whatever sociologists or psychosociologists have brought forth (the image of the *mauvais objet*, the stigmas of danger, contagion or ugliness; portrayals as slow, absent, irritating, boring or powerless, as an example of courage or heroic willpower, overstepping the limit, being called to order by modesty, etc).

Disability is quite definitely a different thing from a *social problem*, just as disabled people are quite definitely not some category of deficient beings. But in order to see this, however, one has to break away from the vocabulary of disability, and go back to a time before it was introduced, if only so as to be better able to decipher what lies behind this perception. Because whichever way the problem is turned, and whatever the fuzziness of the criteria, however ideological, envisaged by the *medical model* or the *social model* today, there is always a hard core consisting of an impairment of functions, of organs, of bodily or mental structures (taking these two adjectives to apply to the human individual in total). To put it otherwise and more simply, beneath the disability there is always the problem of *infirmity*, which triggers off something other than the simply socio-economic; this mobilises the symbolic, and the social and economic position of these *infirm* people can itself only be understood if the connection with this symbolism is made. This is what is not understood by those (to my mind somewhat uninspired) approaches which tend to *drown* the problem in other problems: poverty, precariousness or exclusion, in the contemporary sense of the terms. However, this assertion is by no means self-evident, even though it is, in my view, fundamental not only to establishing proper measures, but above all to preventing the emergence of a subtle new line of isolated and unilateral thought. One can see a succession – or sometimes the simultaneous *cohabitation* – of what could be termed *ideas of the whole*: the essentialist whole, the socioeconomic whole, the psychological whole, the organic whole, the genetic whole. Although these adjectives are not of the same kind, they nevertheless show the waves of intellectual fashion which are the inverse of Maussian thought.

From the British Side

To give it the due it deserves, I would like at this point to examine a school of thought established at universities in Great Britain, thanks to disabled researchers and teachers who publish a great deal, and also put out the journal *Disability and Society.* Their basic assertion is that disability can only be understood if all lines of access, even subtle ones disguised as *impairment* and thus inevitably medical and individualistic, are rejected and the issue is analysed in terms of the *social model.* But what is the *social model*? What they reject is clear enough: medical or psychological evaluations or discourses which claim to define the possibilities, the places, the roles, the stages to be gone through etc. as a function of the measurements and the diagnostics relating to the deficiency. More generally, they reject anything which, starting from the specific point of view of the deficiency, tries to circumscribe or locate them, and – more often – to inferiorise them. Just as black minorities or homosexual groups are regarded solely from the point of view of that which differentiates them from others, which entails forms of oppression, disabled people (who, by a sudden and curious turnabout in semantic usage, should only be spoken of in terms of *disability* or *disablement*, and not of being *handicapped* [the term used in French, translator]) must be considered oppressed. To think about disability one has to think about the social barriers and the reasons for these social barriers, in terms of their sociological and political determinants. And the best way to do this, here indeed it is an epistemological prerequisite, is to be disabled oneself. Every utterance, every piece of research which is not *from within* or *interior* or at any rate not emancipatory, has a basic flaw running through it, since it participates of necessity in an external discourse which, in oppression-producing Western society, belongs of necessity to the domain of the *medical model*; that is, it is essentialist, individualist, specifying, and constructed with the aim of avoiding participation and integration. The deeper motives of this situation, in which things are treated in terms of deficiency (something not escaped by the Chicago School – which nevertheless inspired them, at least initially – nor by Murphy, whom I will discuss below) are to be found in the socio-economic structures which dominate such representations. Here, neo-Marxism is in play. So as not to deny the interest of viewing things from the angle of imagination, nor from the properly anthropological one, the most rigorous adherents of this school of thought openly declare themselves materialists.[6] Nevertheless, the genealogy of the idea can be reconstituted without Marx or Gramsci, as Colin Barnes indicates.

Taking Parsons (1951: chapter X) as a starting-point, one can clearly show that disease and illness are constitutive in the same way as as social deviance is, since they withdraw the individual from her or his active role as a producer and economic agent, which presupposes good health. Medicine, then, has to cope with this social menace and thus becomes an indispensable cog in the smooth functioning of society, contributing to the maintenance of social stability. The doctor is the only one entitled to say who is sick and who is not. She or he exercises social control by channelling the potential deviance represented by the illness. Medicine is the servant of economic and social objectives, and of the community. What is true for sickness and disease is undoubtedly even more true for disability. Parsons, together with Goffman, Becker and Scott, made it possible for commentators in the 70s to put an ever greater stress on the importance of social factors in issues relating to disability.[7] An industrial, liberal society which stresses work and performance rejects all those unable to contribute to the healthy economy of the community. In 1976 the Union of the Physically Impaired Against Segregation (UPIAS) gave this definition of *disability*:

> disadvantage or restriction of activity due to contemporary social order which either does not or does not sufficiently take into account people with physical impairment and consequently excludes them from major social activities. (our translation)

The definition is a good deal more sociological than that of Wood/WHO, and endeavours to establish the economic origin of the barriers which constitute disability.

It would be desirable to discuss this briefly-evoked British line of thinking in much more detail than I have here, and to distinguish it from the American current of thought. The latter remains attached to a cultural analysis which maintains fairly close links with the surrounding culturalism. Indeed, in the United States, around the *Independent Living Movement,* the journal and the network *Disability Studies* – behind which Irving Zola (also known for his studies on pain) was the moving force right up to his death – the cultural analysis operated on two levels: representations of disability might depend on factors related to religion, language and tradition on the one hand; on the other, disabled people formed cultural groups with their own specific features, starting from life conditions, a story, etc. Just as the women's movement engendered *women's studies* in response to a demand for a *culture of femininity* which would only be completely comprehensible to women themselves, so it is with people with disabilities (this is the term which is used, quite simply, in the U.S.A., although the expression is challenged by the British writers I have mentioned, as it retains a specifying aspect). The case which undoubtedly gives the most weight to the privileged position on the other side of the Atlantic is that of the deaf. By this I mean people who are deaf from birth or at least those who – even though they may also be bilinguals and utilise various language media – form part of the community that has to use sign language. This community, which has been forbidden to use its own language for a century[8], can with some justification claim the status of a minority community. The argument goes as follows: we are speakers like any other speakers; we have a language; admittedly, a language of signs and not sound, but a complete language in its own right. By the same token, we also have a way of thinking, of situating ourselves, in short, a way of being-in-the-world. Our inferior status draws us together with communities of cultural minorities whose minority status or *foreignness* make them inferior in a dominant and dominating culture. From this point, it can clearly be seen how the notion of disability becomes more removed or a secondary trait – indeed is rejected completely. In this, the deaf community has adopted a good deal from the American culturalist interpretation with regard to blacks, women and Mexicans. It should not be forgotten that there is a university for the deaf in the U.S.A.: Gallaudet in Washington. This is the symbol of a deaf culture. Although this is not the case in France, the awareness that they constitute a cultural community is not absent among deaf French people.

But it is certain that if this cultural logic were systematised, there would be the danger that this kind of specificity would make the deaf community some sort of exception, in the same way that American or Canadian Indians live in their *reserve*, marginalised and treated with indifference and condescension. This is as far as a reference to American culturalism as a way of thinking about disability goes, even in the case of the deaf.

LIMINALITY AND ANTHROPOLOGICAL FIGURES

These various currents of thought have been critically examined by Robert Murphy, who has proposed his own approach to thinking about disability, this time with reference to anthropology. In his eyes, interactionism, with its dual notion of stigma and deviance, denies the specificity of disability. To him, these categories appear to imply the idea of guilt, of transgression, and thus to associate disabled people with criminals and wrongdoers.[9] However, even if disability may produce guilt, for example in the parents of disabled children, it cannot accurately be conceived of in notions related to justice and morality. Murphy is completely oblivious to the current British trend, for the simple reason that he wrote before the literature of Disability and Society could possibly have been known to him. But if I may be so bold as to speak in Murphy's place, one could say that bringing the issue of disability down to a more or less traditional social issue, with concepts like oppression and exploitation, also clouds its specificity. In other words, it is the inverse of the Britons' argument when they challenge the anthropological specificity of the disabled. To my mind, these reproaches are reciprocal, and impossible to decide about at this level. Since Murphy exposes rather than criticises, one has to pick out the argumentation which is opposed to the current English ideas from the positivity of his discourse. Murphy, who was an anthropologist before becoming disabled (chronologically speaking, at least), had studied Van Gennep (1981) on rites of passage as well as Turner (1969) on threshold – or liminal – situations. Here he found a model which allowed him not only to understand his personal experience, having become first paraplegic and then quadriplegic, but also the hidden social status of disabled people. In traditional societies, as we know, there is a plethora of liminary and intermediary situations; indeed, every time there is a passage from one status to another. The time and/or the place between the two is opened and shut by *rites of passage*, which include initiations and specific practices. When a child is to acquire the status of an adult, for a given time he or she enters a liminal phase where, detached from a state of childhood by means of a rite, the individual undergoes a preparation for adult life. Before being born into a form of new life, he or she goes through a kind of temporary social death designed to make this mutation possible, quasi ontologically. Once this threshold phase is completed, the person enters into the status of an adult by means of new rites of passage.

Turning then to disabled people: in the representation of their environment as much as in institutional practices, they too are placed in this intermediate situation between two *valid* statuses: the former one – that of the others – and that which would have to be regained – which, supposedly, is what the others hope for. But the difference as regards liminality and threshold positions as recorded by anthropologists in a number of societies is that the disabled are condemned to remain in the in-between state. They have left their normal status due to the after-effects of disease or accident (possibly with stigmatisation) and, often quite literally, they have also left some special place they have been at: hospitals, rehabilitation centres – just as formerly consumptives went to the sanatorium (think of Thomas Mann's *The Magic Mountain*). And even when they return to take a new place, or the one that was formerly theirs, they continue to be seen and treated as remaining in an in-between situation. Thus they are neither rejected, nor fully accepted, nor sidelined, nor integrated; they are

> neither strangers nor completely familiar. Neither found guilty nor treated as completely innocent, because they are embarrassing and at fault for disturbing the peace of mind of a society dreaming of men and women with zero deficiencies. Neither slaves nor full citizens. Neither totally subjugated nor free. (Gardou 1997, our translation)

There has indeed been a separation from the *ordinary* world, there is threshold, but the new aggregation just does not form, or only very badly (and sometimes with ambiguous pseudo-rituals, like the famous dinner described by Murphy where he is fêted as if returning to the university, but where everyone conspires to make him into a survivor, someone rescued from a disaster, rather than an academic restored to them; p. 109 ff.). There is a crystallisation, a gelling, of the intermediate situation.

Admittedly, Murphy's analysis is applied to a great many situations. *Sheltered* structures (centres of assistance through work, sheltered workshops, medico-professional institutes) are typical of liminality, but so is the whole of positive discrimination as everday behaviour. *However, above all it is the highly pertinent introduction of the anthropological point of view which marks a decisive step in the thinking on disability.* And even if one rebels against the conditions imposed on disabled people, it is this point of view which makes it impossible to think of it as oppression or as originating solely from whichever form of social organisation, be it based on liberal or capitalist principles, or as simply segregationist and excluding. Murphy, however, leads the gaze to systems of thought, and indeed to the invariables – relative to impairment – which plunge into the depths of civilisations. Deformity of the body, troubles of the mind, loss of senses, have always worried social groups, just as sex, power, change, death and ancestors have. There is no culture which has not worked out an explanation, a vision, in short, an *anthropology of infirmity*. Without wanting to seem unduly pretentious, I believe that this is the strength of what I started to glimpse in my first book (Stiker 1997). This point of departure and this point of view both seem fundamental to me, because they make it possible to affirm a certain specificity in the fixed issue relating to disability today, one which cannot be solved by the mere *social question*, and which has taken the name, unhappily in the opinion of some, of *exclusion*. The issue of relationships between men and women is, partly, not dependent on economic conditions or even on social givens alone, because a sexualised relation is also, initially, one of emotion, fantasy, desire, etc. To be sure, there is no emotion, fantasy or desire that could not be found in history, and the imagination, for an Egyptian in the second millenium before ours, was not the same as it would be for a French person at the end of the 20th century. However, this is no reason to reduce issues of sexuality to the purely socio-economic; the social frameworks of the imagination by no means negate its specificity. And so it is with disability. It brings with it its share of representations linked to our fears for our species, our guilts related to the practice of our sexuality or to shady aspects of our ancestory, our narcissitic wound, etc. Together with certain psychoanalysts, I would emphasise once more how important it is to listen to the bewilderment and stupefication of the parents of disabled children: their desire to kill them, their inability to mourn, the well-known *backlash* of older problems which re-emerge, the overprotection or rejection, the desperate search for reasons, etc. in order to see that this is a completely different thing from social oppression or economic deprivation. In his own Japanese culture Kenzaburo Oe, winner of the Nobel prize for literature in 1994, expresses something universal when a character in one of his novels (Oe 1988; see also Oe 1977) whose wife has just given birth to a child with a cerebral hernia says of himself, under the accusing eyes of the doctor, I am the father of a monster. A monster which comes to accuse and question his project of leaving for Africa, his self-image, in short which puts fetters on all aspects of his life, leading him to drink and to frequent prostitutes, which prevents him from going to see his wife and the child, etc. Only after a painful and arduous journey does he finally transform himself and confront reality.

The constant element here is the triggering of a certain symbolism. However, each culture evidently produces its own.[10] In all societies one could term religious – that is, all societies up to the modern age which consider themselves to be founded, in a heteronomous fashion, upon a relation with a beyond, an exterior, a transcendance, a divinity – representations relating to impairment view it predominantly in terms of a message. This message originates in the beyond, and is thus linked to a divine wish or a punishment; it almost always entails some kind of relation to a transgression (but not necessarily to guilt) and above all it demands a symbolic response appropriate to the message.

Some Figures from Earlier Times

The meanings are heterogeneous and varied, depending on the era; but up to the 17th century the disabled found themselves in a situation which I call *meta-social*. This situation conferred on them social tasks or positions, or perhaps rather social functions, belonging to a symbolic order beyond the economic, the legislative or the daily. In ancient Greece, congenital defects were viewed as *malefice*, evil spells. Birth deformity is a warning sign from the gods addressed to a particular group which was both at risk of change for the worse, and which had offended. Deformed infants were displayed, "because they created fear; they were the sign of the gods' anger and they were also the reason for it" (Delcourt 1986: 22, our translation). What is significant is that the malformed newborn is supposed to be returned to its senders to show that the message has been received. The ensuing practice is what the Greeks called the displaying of these infants, reserving a very particular word for it: *apotheosis*. At the decree of those responsible for the city, children displaying anamolies (webbed fingers, incomplete or deformed limbs) were taken outside the social space onto vacant ground, bogland or onto water, where they perished. Not killed outright, but left to the mercy of the gods. Those who survived became, at least in the collective imagination, people of superior significance, that is if they didn't fall into the hands of slave-merchants or traffickers in prostitutes. Greek mythology shows this super-signification of the disabled admirably: there is Oedipus, Hephaestus, Hermaphroditus, Philoctetes and Tiresius, to name but some of the best-known figures.

If we turn our attention to Hebraic culture, disability appears as *impurity*. Any infirmity, here, shares the burden of showing what separates the divine from the human with other individuals and other situations. In fact, in Leviticus, which deals with the sacerdotal caste, sons of *priests* who are born with disabilities are excluded from the cult. They are not permitted to present sacrifice. When approaching the presence of the divine, one had to be hale, unblemished, and pure (Douglas 1967). God is wholly transcendent and is not involved with the world of men. He is present at certain times in certain places. Hebraic thought, then, gives the conditions for the reception and the *meeting*. The *cult interdict* is a strong one, but it is limited and does not involve any hasty practices. On the contrary, the Hebraic ethic constantly commands that the poor and infirm be treated with generosity and compassion, although there is no institution earmarked for them. Disability participates in the demarcation of the sacred, without exclusion from society.

If we look now at the medieval period, we will come across two different major figures of disability. The first I will call the system of *buffoonery*. In this term I include both the mystic elevation and the elevation of the buffoon (or clown, jester or fool, translator) at court. In the latter case, the disabled people (mainly dwarves, the lame, deformed or feeble-minded) had attributed to them the function of poking derision at others. Their disability was a permanent manifestation of the fragility and human arbitrariness of order and of the established powers. It gestured at a world turned upside-down, and it conferred the privilege of saying what no-one else was allowed to say, particularly to the powerful (Maurice Lever 1983). In what I have called the *mystic* case, the disabled person is considered the *location* itself of the contemplation of God and as the extended incarnation of Christ. An image of transcendance brought up close, it leads us towards the beyond, in the same way that the buffoon points to an inverted world. The fool rubbing shoulders with princes or the lepers embraced by St. Francis of Assissi have in common that they tear away the veil of appearances, the here-below, and show us the inexpressible, the *meta-worldly*. The buffoonery of disability plays the role of mediator between two worlds and questions the foundations of society.

Equally, the medieval epoch, which is a harsh one for the disabled, does allow some tolerance. And even if the disabled person is considered to be an expression of the demonic (as in certain forms of *madness*, without saying that madness and possession are one and the same), it is rather because they are signs of another world that they are rejected.

Disabled buffoons speak of an *elsewhere*, they are able to judge the *here and now*. They participate in another world, which is also a different world. The Middle Ages on the other hand developed another figure of disability. It is one of the forms of *poverty*. To this extent, the poor man is my fellow, because his is the face of Christ. In medieval times, the poor man is a sort of image connected with Christ, but we are all brothers in Christ. That he be welcomed and shown charity, then, is imperative. The poor received hospitality from a multitude of foundations created by rich laymen, princes, or bishops and abbeys; they received shelter and alms which ensured the others' salvation. This charity, in the noble sense of the term, did not change the condition of the poor and beggars, amongst whom again most of the disabled were to be found. For although giving alms was a chance to ensure salvation, and obligatory, the dominant theological vision conveyed a passive attitude in the face of suffering, inequality and underprivilege. Indeed, the world had left the creating hand fully formed, and was a work of divine wisdom. It is we, human beings of little understanding, who cannot comprehend God's grand designs. Thus while medieval society did not set up any discriminatory processes against the disabled, it also made no attempt to overcome or reduce discrimination.

The Anthropology of Disability

I do not intend to give further examples; I have, I believe, indicated clearly enough that disability cannot be analysed unless placed in and translated into the cultural imagination of specific cultural contexts. Even in our modern, autonomous societies, founded on scientific reason and social order, disability has appeared in various anthropological guises – the last incarnation being *handicap/disability*. This social construct reveals a symbolism which goes way beyond a simple, or single, *social issue* in every respect. Let us briefly consider this contemporary anthropological figure.

First, certain events must be recalled. By the turn of the century, industrial accident casualties had become a major problem. Industry, unregulated and exploitative as it was, had injured and broken a good number of citizens. It was going to have to come to terms with the idea of social responsibility. In future, therefore, there would be an obligation to repair and later to compensate for the injuries produced by risks at work. This would no longer be the sole duty of proprietors as individuals but of the nation as a whole. Efforts would thus progressively be made to ensure victims of industrial accidents were not deprived of a place in economy and society. Here one should read Francois Ewald's *L'Etat providence* (1986), in which he describes this quiet but profound revolution in a society which has succeeded in installing a new social deal based on ideas of collective responsibility, social insurance, reparation, compensation, in short everything that results in the grand ambition of *social security*, undoubtedly one of the most solid foundations of modern democracies. But what I would like to add to Ewald's description is that the main reference point of these developments was the new wave of disabilities created by the industrial *fact*, a social fact which was itself claimed to be central. Or in other words, not only can it be seen that social issues always originate in central mechanisms which make the entirety function, and are accepted by everyone, or almost everyone, but it can also be seen how a social issue can also originate from a group posing an urgent question. This is secondary in regard to my main concern here, however. What emerges for me from the issue of industrial accidents is the beginnings of a new view of disability, which henceforth is to be viewed as it were through the prism of industrial accidents. From this point on, all disabilities are increasingly to appear as pertaining to collective responsibility, collective solidarity and *accidentology*, if I dare use such a barbaric term; that is to say, disability becomes denaturalised in order to become socialised. It will be a social issue as much as one of impaired health. In future the state will find itself implicated, something the revolutionaries foresaw and indeed wanted, although none of the legislation was implemented.[11] The disabled person is no longer a poor wretch marked by fate, basically faced with dependence on public assistance if not subsidised by individual charities; now he or she begins to have rights to collective solidarity, having been the victim of progress itself.

A second event reinforced this anthropological emergence: the great slaughter of the 1914–1918 war. This applies particularly to Europe, but was not without consequences in North America, which, in the course of the century, was to be drawn into murderous global conflicts. Once again, nations found themselves confronted with a great mass of men broken by *their countries*. The social costs made themselves felt: among others in the form of collective guilt and the economic imperative not to exclude agents from production, ones who moreover laid claim to a job and the rights to reparation and compensation as well. From the first years of the war, to take the French example, a ruling was established in order to provide access to services and establishments offering professional rehabilitation. A return to activity became an imperative and a demand. To the quiet revolution of social security, the injured of WWI had added the desire to return to the economic and social mainstream; a return to earlier times, or simply to the midst of others.

The third significant event is the condition and the claims of TB sufferers. Tuberculosis is, as we know, not only contagious, but also frequently seen as linked to certain social, economic and hygienic conditions. It is thus viewed as a social issue as much as a sanitary one. Once again, the great number is the determining factor, apart from the fact that all those returning from the sanatoriums wanted their share of their interrupted education or abandoned jobs. Finally, I would like to mention a fourth event, albeit one needing more delicate treatment, namely the consequences of compulsory education. Even if special needs instruction originates just as much, if not more, from the problem of hospitalism as from *difficult* children in schools (Vial 1990), the fact remains that the progressive normalisation of school, with its stages and levels, assigned and measured by Binet and Simon's famous tests on the metric scale of intelligence, throws into relief all those who for one reason or another do not adapt to this standard schooling. Here again, the preoccupation with reintegration at all costs will become ever greater.

Thus a new wish arises in society: those who are removed from the life and concerns of the many due to disability of whatever kind, are to be re-integrated. In the 20s, there was a change in vocabulary. While words which I refer to as *defective* (in-firm, im-potent, in-capable, im-becile, in-valid, etc. etc.) were not banished, words relating to re-turn (re-classification, re-adaption, re-integration, re-insertion, re-habilitation, re-education, etc.) appeared. Still more than this language, the proliferation of services and bodies proclaiming loud and strong their aim of a full return to society, is a significant indicator of the new intention. It is of course evident that the gulf between intentions and demands on the one hand and the reality of the apparatuses and financing on the other will remain. But in an analysis of sociological and historical orders such as the one I am outlining here, it is important to emphasise not only what is efficacious, but also what is put into place in social representations, in opinion, in the *subjectivation* of those concerned. In this, I believe I am very close, in terms of method, to what Gladys Swain and Marcel Gauchet threw into relief when, confronted with the unilateral Fouldcaldian thesis of exclusion, they identified the logic of *in*clusion at the very birth of Pinel's psychiatry, linked to the political thought of the end of the 18th century (Gauchet/Swain 1980). By the same token, there is a plentiful share of contradictions engendered by this new representation of the disabled. There is the production of *new* populations of the disabled, either because the risks in society are new (road accidents, sport, drug addiction, etc.) or, although life is generally safer, because those who would have died some years ago survive and live longer. Disabilities are becoming ever more severe or complex (think of the critically ill saved in extremis from death by the emergency services or by surgery, or else of infants who remain alive with multiple defects). Yet these increases are taking place in a society where unemployment is rife (consider all those who, having been lost their work as a consequence of absence or a health-related incident, never again find a suitable position). Dare I point out that there is a *contradiction* between a desire for normalisation and the growing number of severe disabilities, many of them due to advances in medicine? I am thinking here of the prolonging of the life-expectancy of young myopaths and trisomy 21 patients, as well as of saving premature infants or those who have had difficult births, who then become those known as the poly-disabled. Nevertheless, whatever the contradictions, a completely new picture of disability was created during the first half of the 20th century, which has found its best expression in the terms *handicap* and *handicapped* themselves.

As everyone knows, the word was borrowed from the field of sport, and more particularly, from the turf. In sport, a handicap corresponds to a measurement of unequal performances by competitors engaged in competition. Once the competitors can be compared, the handicapper determines how their chances will be equalised in the competition. In horseracing, at least in that type more precisely called *handicaps*, the *handicap* consists either of a weight or of an extra distance imposed on the strongest horses.

However, there are also equalisations which give advantages to the weakest. It is not primarily a notion of advantage or disadvantage that is significant in understanding handicap in sport, but one of equalisation, so that the race or competition takes place in conditions that make it possible to perceive the competitors' purely personal efforts and abilities. It also ensures that the competition is interesting to watch and not a foregone conclusion. As one author puts it, "Whatever the discipline, the handicapper's dream is to to see all the competitors passing the winning-post together" (Alain d'Hauthuille 1982: 63, our translation); and again, "For each race, the programmes set down the conditions to be fulfilled by the competitors. The criteria are chosen in such a way as to manage the equine population as well as possible by giving every type of horse in turn its chance" (ibid.: 61). In sport, and particularly on the turf, the original sense of hand-in-cap plays no role at all. The game of chance which bore this name has disappeared, having served to establish betting at the racetracks. Referring to this meaning of *handicap* is somewhat whimsical, since all Western dictionaries and documents show the shift away from the idea of *hazard* to the sporting sense, and from the sporting sense to the *medico-social* sense. On the other hand, the various shifts in meaning can all be explained in terms of parity, the comparative judgement of the value between two objects.

What was the reason for the shift from sport to the domain of human individuals suffering from disabilities? Note first of all the chronology: up to the 20s, dictionaries only give the horseracing sense. Then, a meaning designated *figurative* signifies an obstacle or an inferiority; one country is handicapped in relation to another as regards industry, for example. The sense designated medical or medico-social does not appear in France until the 50s or 60s, that is, very recently. In the United States however, from the turn of the century there is evidence of journalistic use of the word *handicapped*, designating all sorts of people afflicted with all sorts of defects and in a difficult social or professional situation. The invasion of this vocabulary of handicap seems to date from the new social deal regarding impairment and invalidity, but the usage increased very rapidly from the point I spoke of above in the context of the birth of rehabilitation when they acquired the means to strive for maximum equality with the able-bodied and for *normalisation*, for the chance to *return to the race*. The metaphor corresponded perfectly to what was required: to make people become *performers* on the social stage once more, to compensate them, to make them able to participate and to develop the techniques needed for re-education.

A metaphor which employs a sporting term in the domain of human health is transformed into a veritable model of treatment. From the mass of the inhabitants, a particular group is marked out and *adjusted*, just as the group of racehorses is extracted from the whole of the equine race. The goal of this extraction according to category is the improvement of this group (the goal of horseracing for the equine race). Once marked out, this group must be *classified*. Just as there are purebreeds, trotters, etc. so there are physical, mental, sensory, etc. handicaps. For each of the categories furthermore, specific techniques and types of training – and of remedial measures – are provided; thus there is a pronounced *specialisation*. Finally, there is a *test*, a reclassification/rehabilitation, a reinsertion, and as soon as possible, participation on an equal footing in the common competition. If it can be accepted that when a society uses a *play on words* or *language game* it does so because the game corresponds to its *form of life*, to refer to Wittgenstein, then one sees the close equivalence between the language of handicap and the dominant idea of our society, namely that of *performance*. Sport and horseracing, with their organisation of races and competitions and the passion they provoke, symbolise, condense and caricature contemporary society: industrial, commercial, based on appearance and image. One has to perform well, be competitive and media-oriented. By speaking of the phenomenon of disability in terms of that of horseracing, our culture is *integrating* disability culturally and ideologically, and showing that it, too, can no longer escape the demands and *laws* so valuable to all of us. It is our way of *taming* and reducing the gap represented by the out-of-the-ordinary as much as possible. People with infirmities, having become handicapped, are seen as citizens to *per-form* – to use an old French word which has passed into English. The disabled/handicapped are subjects who, at least in principle, can and must succeed. The image of the handicap is a way of thinking about non-conformity within the limits of our productivist and technological habits of thought; a way of thinking that makes it admissible to us.

This however is not enough. If the passion for normalisation and integration is indeed the point of view from which our treatment of disability (statutory, financial, institutional etc.) can be made intelligible, the consequences could be completely different. In the first place, in wishing to integrate the disabled (in both the above-mentioned senses) one can forget. For at the heart of this desire for integration lies a grand gesture of denial, of effacement, of erasure, as if it were possible to stamp out the excrescences, the warts and the dross of society, as if it were possible to *reduce disabilities* in the sense of diminishing them of course, but also of making them disappear. On the basis of this laudable intention, one might be tempted to forget the difference, and indeed also the suffering and the specificity of the experience. By reducing the question of the meaning of disability in human terms to one of a surmountable obstacle, one may also re-exclude in a subtle way, by in-difference.

I believe furthermore, like Murphy, that a certain way of speaking of disability and disabled people is ultimately a cover-up operation. The end result of the model and the *culture of handicap* would be a denial, however paradoxical this may appear in the eyes of those who believe that they are stigmatised and impeded. My British friends must be warned. Those who want to bring the issue of disability completely out of its enclave could possibly be in the process of repeating an *act of denial* which, at heart, global society expects. If the *medical model*, to return to their vocabulary, is so pernicious because it could keep them continuously sidelined, the *social model* could be a subtle attempt to make them disappear altogether. For this dual reason, surely, the term is being disputed all over the place; and also, surely, we are watching the end of a model, the end of a cycle of thought, and the end of an anthropology which first appeared in around 1900.

FORMAL MODELS

The course of the historical anthropology of which I have just sketched some elements in order to show that disability is something produced by habits of thought, shows that there are several orders of difference within which the groups concerned are contained. I say *orders of difference* because it always concerns situating an oddity, an aberration. Perhaps one could speak of *alterity*. I believe it is possible to reduce these orders of difference to three large models.

There is a hierarchical model, which seems to me the most pertinent with regard to European history. Here the specificity, the difference, is recognised and may even be accepted. But according to the logic of genus and species, the common genus is defined as humanity, within which there is a series of points of view corresponding to at least one distinctive trait. From the point of view of gender, it is male or female, man/woman. From the point of view of biological conformity, the distinction would be able-bodied/disabled. These established species are not however considered equal. Rather, they are situated on a scale of positions and values. This is a way of integrating differences, since they are kept together in a coherent order, but also in a system of submission. For example, men and women represent two ways of being human, but the man must dominate the woman because the supposedly *natural* roles attached to these two ways of being see to it that one of them has priority, dignity, greater importance (a political role versus a domestic role; a productive role versus an educational role; authority versus emotion, etc.). In his *Souci de soi*, Michel Foucault shows that the relations between the sexes in ancient Greece (like the relations between men and youths) are dominated by social position, which determines rights and liberties. This is a type of cohesion by hierarchisation. The Catholic church offers us the purest model of this conception. Clerics are different from the laity, but enjoy a dominant position. Christians are a genus, but within this genus there are two major species, the clerics and the laity; and in each of these species (which may in their turn play the role of the genus) there are subspecies. The clerics are divided into bishops and priests, the laity into consecrated laity who are not priests (e.g. monks or nuns) and the laity in the world, these too being in their turn men and women. So a tidy pyramid is formed, from the summit where the clerics are found, to the base, where the *simple* laity is placed. This neat earthly hierarchy is supposed to correspond to a no less neat heavenly one. But all the differences are in their place.

The organisation of disability as poverty is of the same order. The disabled poor were accepted in medieval society, for they were a part of the great medley present in a world received from divine hands. However, they were only a part on condition that they stayed in their place; the poor definitely being poor. They had their role and their place but they were at the bottom of the social scale. A disabled woman comments acerbically that this organisation may still be met with today, writing:

> It is the system that puts you in the position of a slave from your birth or your accident onwards. You have to have an attitude of gratefulness and submission. You will never be able to really express yourself. You will always have the tendency to make yourself forgotten, to apologise for existing. You have to be thankful for surviving. (Auerbacher 1982: 155ff. our translation)

The hierarchical model makes it possible to stifle the differences by an initial acceptance of similarity, but one which is strictly controlled. It is undoubtedly a way of consolidating differences which already exist. This recalls Castel's analysis once more, when he shows that the disabled are always exempted from work and assisted. They are not excluded, but their inferior place is well-established.

There is a second model that is sometimes encountered: that of juxtaposition. Undoubtedly more common in Anglo-Saxon countries, it revolves around a certain sense of tolerance and of accommodation. They are what they are, we are as we are, such is their culture and such is ours. We will not seek either to subjugate them nor to inferiorise them, but we have nothing to do with each other. The recognition of difference is pushed so far that each one stays on her or his own, a stranger amongst a collection of strangers. A certain form of nationalism derives from this model: strangers have the right to exist from the moment they stay out of our own space. There is no integration. It is a puzzle or mosaic. Although this model may be allied to a form of democracy, as can be seen in the multiculturalist thinking of the U.S.A., pushed to its limits it in fact destroys all common space, and in the interior of a nation it destroys the foundations, just as in supranational contexts it destroys all organised space, like the UNO or the European Community. Federalism attempts to surmount the inconveniences of this model, from which to some extent it emanates. When the groups, classes or cultures are simply juxtaposed, then an oppostion of values appears, which shackles the social order and above all ossifies the existing social structure. The model represents a possible tendency in the treatment of the disabled rather than a model actually ever applied, but it could come to this *Indianisation* of disabled people that I have mentioned. Many people would not be disinclined to use this model if it meant a purification, a *tidying up* of their space!

Representing almost the opposite of this model of juxtaposition, with a possible link to the hierarchical model, there is a normalising model. It has common values, common objectives, rules of behaviour, averages which must be aimed at. The work consists in doing everything possible to join this consensual, uniform whole. This is the model I described in the progressive establishment of the field of *handicap*, and this is what is at the basis of the immense attempts at rehabilitation, re-education, etc. In this model, we are on the way to rigorous integration: each element must conform sufficiently to be included in the machinery of the whole. However, lurking here is a powerful denial of the *other*. At the very most, there may only be some differences, it being understood that those who are tolerated are also restrained.

It seems to me that, more or less, all three forms of relationship have, by turns or simultaneously, played a part in the way the disabled are treated, and that their lot has always see-sawed between subjection, indifference and denial. What remains to be created is another model, and this is the challenge to all truly democratic forces: to establish relations which impose and respect specific terms, invent various combinations of terms and take alterities into consideration. If an image of such a model is wanted, it can be found in language: here all differences (since there is nothing but difference) are opposed and related to one another to create meaning, meaning which is always open because the combinations are infinite. Each language, moreover, however unfamiliar, may nevertheless be translated into another language; not transferred completely, but translated, with the inevitable distortions that entails. Disabled people cannot be reduced to a mere social identity (deviants, fringe group, etc.), nor to an identity based on how able they are. Their being-in-the-world is unique (differently unique, depending on the person and the disability), but they are able to translate our experiences into their own and vice-versa, just as they are, socially, a separate case, but one which can be translated into other cases: and other cases can in turn *read* themselves in their case. In other words, one should not reject all notion of alterity, on the grounds that the idea of difference implies too strongly that of similitude and could actually exacerbate conflict and stigmatisation. Once this is achieved, a common, shared space can be set up where there is no longer any hierarchy, a space where separation would mean being *reduced*. This, I believe, is what Diderot perceived in his famous letter, when he showed, though not in so many words, that Saunderson or the blind man of Puisaux were *anthropological varieties*, or perhaps it would be more precise to speak of *variations*, such as those that are embroidered onto a basic theme in music. This was expressed by a literary critic, severely disabled himself, at the end of a congress devoted to disability in literature:

> In the light of everything that has gone before, it is becoming most evident that traditional images of the disabled transported by literature contribute very little to creating the kind of attitudes thanks to which a world would be possible in which the disabled could be recognised as not being *some absolute and intolerable other*, but rather as an extreme among the *others* of human reality, a world in which differences of perception and agility of movement would not only mark the separation between one individual and another, but also between the various stages of a life, from the total dependence of the infant to the progressive decrepitude of old age ... And on the psychological level, even the most debilitating infirmities would be perceived not as aberrations but as a variant of the infinite diversity of the human norm. Even pain and death would be met face on, with sadness or joy, rather than avoided with embarrassment, distorted by terror, or denied by pity. (Fiedler 1982, our translation)

ON THE SOCIAL UTILITY OF DISABILITY

Disability can be thought through and thought about, and anthropology, in its historical dimension, provides an adequate framework for this, emphasising both permanences and cleavages as well as the specificity of a dimension of societies which cannot be reduced to others.[12] Taking it to extremes, one could say that the permanent idea across Western cultures is that of limits, boundaries, thresholds; disability always takes its place, symbolically at least, on the line of demarcation, in a position of passage between two worlds or between two statuses or two groups; and this is true from Greek myths to current practice. In contrast, the modalities and the precise contents of these confines and limits vary enormously. But at the same time, it has been possible to see the decisive nature (at certain moments) for the whole of society of the way disability is considered. It is as if just here there is a nodal point (and not the only one, evidently) or a crossroads, to use a different image, from whence a general orientation can be obtained.[13] The confrontation with a specificity which cannot be sidestepped means a decisive position for the group; or, to paraphrase a well-known saying: *tell me how you treat the disabled, and I'll tell you who you are.*

NOTES

1 The introduction of the word *handicap* in the French translation is contemporaneous with an orientation in favour of disabled people becoming the rule.
2 At the Ecole des Hautes Etudes en Sciences Sociales, under the auspices of Serge Moscovici and Denise Jodelet, a group of researchers has been working on the topic of disability in France. Apart from Jodelet's own book (1989 and 1995), which touches on the area of disability, others which should be mentioned are: Giami 1988; Colette Assouly-Piquet and Francette Berthier-Vittoz (preface by Monique Schneider) 1994; J.S. Morvan and H. Paichler 1990; Sciences sociales et santé, vol. XII no. 1, March 1994, Handicap: identités, représentations, théories.
3 The book appeared in 1965 under the title *The Established and the Outsiders*. The word *exclusion* in the title of the French translation is undoubtedly due to the current French context. It is regrettable, since it gives the impression that the work is nothing but a response to an ephemeral current trend.
4 It is not possible to say much on the subject here, but beyond Elias' concepts questions arise, in regard to groups like that of the disabled, of the violence unleashed by the other by the sole fact of his alterity, of his presence, of his intrusion into my existence or into social existence as such. This goes to show just how much the issue of infirmity is a privileged place of observation, as much in terms of the psyche as of the social configuration.
5 Korff-Sausse 1995 under the direction of Maurice Dayan, or Sausse 1996. This approach is worthy of more extensive treatment. We have chosen to concentrate only on social aspects here, however.
6 The prolific author Colin Barnes writes: "The rise of the institution as a means of both social provision and control coupled with the individualisation and medicalisation of social problems under capitalism resulted in the emergence of the individualistic medical approach to disability. For Oliver this personal tragedy of disability has, in turn, achieved ideological hegemony (Gramsci 1971) in that it has become translated into common sense and everyday assumptions and beliefs. It is evident that unlike the work of their American counterparts these accounts suggest that the basis of people's oppression is founded upon the material and ideological changes which occurred as a result of the emergence of capitalist society." (Barnes 1997: 6)

The group working along these lines is a large one. One could however single out Mike Oliver for mention, with his *The Politics of Disablement* (1990) constituting a landmark publication.

7 These insights, coupled with the radicalisation of young disabled Americans in the Independent Living Movement (ILM) led Gerben de Jong to proclaim that attitudinal and environmental factors are at least as important as impairment in the assessment of disability. Colin Barnes op. cit. p. 6 (cf. De Jong 1983).
8 Between the Abbé de l'Epée who died in 1789, who organised sign language, and the – sadly – famous Congress of Milan (a meeting of institutions for the

instruction of the deaf in 1880), the deaf had developed a *deaf culture* (with many gatherings, meetings, banquets, access to knowledge etc.). With the prohibition on the use of sign language in instruction pronounced at this congress, a linguistic minority was going to find itself oppressed (the word is apposite here) in its expression. After all, even if a language alone is not enough to define a culture as such, it may be its major element, since its semantics have their own stamp, their own way of conceiving, symbolising, etc. As regards the history of the deaf and their language, I would refer the reader to the following publications: Lane 1984; Presneau, Saint Loup and Bernard Mothez 1996 have, with the emphasis on vocabulary, made important contributions.

9 In one of the first articles published, in which Murphy's position was discussed at some length, the author Marcel Calvez judiciously takes Edgerton's work, going back to 1967 (with *The Cloak of Competence. Stigma in the lives of the mentally retarded*) as a point of departure.

There is a finely-woven complex of social contexts in which the perception of mental retardation as an immovable human condition runs side by side with charitable principles towards those thus afflicted. This takes the form of assigning them a social niche in which they are protected from the vicissitudes of life through the connivance of others; they accept likewise the status which is assigned to them. (Calvez 1994: 71)

Thus there are mechanisms quite unlike that of stigma, which indeed even obstruct it. This perspective is a good introduction to Murphy's position.

10 In the few brief paragraphs that follow, I can only hint at what I have written on more extensively in various publications. The concern here is merely to make the reader aware of the force of an anthropology of disability opposed to all attempts to *reduce* it.

11 In fact, legislation of this type was seen when in the law of 1905 on the elderly, the disabled and the chronically/terminally ill was passed. See for example Charoy 1906.

12 At this point, I would like to comment on an aspect of Robert Castel's work in *Les métamorphoses de la question sociale, une chronique du salaria*t. One of the great divisions in the social question is the distinction between those obliged to work and those exempted from working. In the latter category, which the author calls *handicapology*, one finds various groups at different times, but the category remains fixed, regrouping those who are not able to provide for their basic needs by themselves, and who are thus receiving support. In this category one always finds the disabled and infirm, together with the old, and it is not for nothing that Castel resorts to a neologism derived from *handicap* (pp. 29–30). It is illuminating to understand that for centuries the disabled had been exempted from working, and that it was something of a revolution when the wish to put them to work as a means of integration first arose. But in this two things should not be concealed from us: that the disabled are the targets of *projections*, no matter how diverse, and are not only a part of the poor; they are invariably *good to symbolise*, to plagiarise a

formulation of Lévi-Strauss', that the revolution I am speaking of is exemplary of society in its entirety, which knows only *homo laborator and homo faber*. On this last level they are still symbolic (admittedly in a different sense) of industrial and commercial anthropology.

13 In addition to the example of industrial accidents, the great turning-point which Diderot's famous *Lettre sur les aveugles à l usage de ceux qui voient* represented in the 18th century ought perhaps to have been discussed. At the same time as the problem of blindness (with the well-known problem of Molyneux) was to be found at the heart of philosophical ideas about knowledge, it was also to be found at the heart of educational and social issues. This made the first major initiatives for equal chances possible: Valentin Haüy, l'Abbé de l'Epée, Itard (cf. Swain 1982).

REFERENCES

Assouly-Piquet, Colette/Berthier-Vittoz, Francette (1994): *Regards sur le handicap,* Paris: Epi.

Auerbacher, Elisabeth (1982): *Babette, handicapée méchante,* Paris: Stock.

Barnes, Colin (1997): "A legacy of Oppression : A History of Disability in Western Culture". In: Barton/Oliver (eds.) 1997. Barton, Len/Oliver, Mike (eds.) (1997): *Disability studies: past, present and future,* Leeds: The Disability Press, pp. 8–12.

Becker, Howard S. (1983): Outsiders. Studies in the Sociology of Deviance, New York: The Free Press.

Calvez, Marcel (1994): "Le handicap comme situation de seuil: éléments pour une sociologie de la liminalité". *Sciences sociales et santé* 16/1, pp. 61–87.

Castel, Robert (1995): *Les métamorphoses de la question sociale, une chronique du salariat,* Paris: Fayard.

Charoy, Fernand (1906): *L'assistance aux vieillards, infirmes et incurables en France de 1789 à 1905.* Thesis for the degree of Doctor of Law, University of Paris.

De Jong, Gerben (1983): "Defining and Implementing the Independent Living Concept". In: N. M. Crewe/Irving K. Zola and Associates, Independent Living for Physically Disabled People. San Francisco, Washington, London.

Delcourt, Marie (1986): *Stérilités mystérieuses et naissances maléfiques dans l'antiquité classique,* Paris: Les belles lettres.

d'Hauthuille, Alain (1982): *Les courses de chevaux,* Paris: PUF.

Douglas, Mary (1967): *Purity and Danger,* London: Routledge and Kegan Paul.

Elias, Norbert/Scotson, John L. (1965): *The Established and the Outsiders,* London: Sage. French translation: *Logiques de l'exclusion* (foreword by Michel Wieviorka), Paris: Fayard, 1997.

Ewald, Francois (1986): *L'Etat providence,* Paris: Grasset.

Fiedler, Leslie (1982): *La pitié et la peur: images de l'infirme dans la littérature et l'art populaire,* Salmagundi, No. 57, New York: International Center for Disabled.

Foucault, Michel (1984): *Le souci de soi,* Paris: Gallimard.

Freud, Sigmund (1968): "Massenpsychologie und Ich-Analyse". In: Gesammelte Werke III, Frankfurt/M.: S. Fischer, pp. 73–161.

Freud, Sigmund (1981): *Essais de psychanalyse,* Paris: Payot.

Gardou, Charles (1997): "Les personnes handicappées exilées sur le seuil". *Revue européenne du handicap mental* 4/14, pp. 6–17.

Gauchet, Marcel/Swain, Gladys (1980): *La pratique de l'esprit humain. L'institution asilaire et la révolution démocratique,* Paris: Gallimard.

Giami, Alain (1988): *La figure fondamentale du handicap* (representations and fantasmatic figures; the result of research commissioned by MIRE-GERAL), Minitere des Affaires Sociales, Place Fontenoy, 75007 Paris.

Goffman, Erving (1963): *Stigma. Notes on the management of spoiled identity,* Englewood Cliffs: Prentice-Hall. French translation: *Stigmate. Les usages sociaux des handicap,* Paris: Minuit, 1975.

Jodelet, Denise (1989/1995): *Folies et représentations sociales,* Paris: PUF.

Karsenti, Bruno (1994): *Marcel Mauss, le fait social total,* Paris, PUF.

Korff-Sausse, Simone (1995): *Le handicap: figure de l'étrangeté, dans trauma et devenir psychique,* Paris: PUF.

Lane, Harlan (1984): *When the mind hears. A history of the deaf,* New York: Random House.

Lever, Maurice (1983): *Le sceptre et la marotte,* Paris: Fayard.

Mauss, Marcel (1979): *Sociology and psychology,* London: Routledge and Kegan Paul.

Morvan, J.S./Paichler, H. (1990): *Représentations et handicaps. Vers une clarification des concepts et des méthodes,* Paris: CTNERHI, MIRE.

Murphy, Robert (1987): *The Body Silent. A journey into paralysis,* New York: Henry Holt and Company.

Oe, Kenzaburo (1977): *Teach Us To Outgrow Our Madness,* New York: Grove Press.

Oe, Kenzaburo (1988): *A Personal Matter,* New York: Grove Press.

Oliver, Mike (1990): *The Politics of Disablement,* London: Macmillan.

Parsons, Talcott (1951): *The social system,* Glencoe: Free Press.

Passeron, J.C. (1992): *Le raisonnement sociologique,* Paris: Nathan.

Presneau, Jean-René/de Saint Loup, Aude/Mothez, Bernard: *Handicap et indadaption. Fragments pour une histoire. Notions et acteurs,* Paris: ALTER.

Ravaud, Jean-Francois/Ville, Isabelle (1994): "Représentations de soi et traitement social du handicap". *Sciences sociales et santé* XII/1.

Rosanvallon, Pierre (1995): *La nouvelle question sociale. Repenser l'Etat-providence,* Paris: Seuil.

Sausse, Simone (1996): *Le miroir brisé. L'enfant handicapé, sa famille et le psychanalyste,* Paris: Calman-Lévy.

Sciences sociales et santé XII/1 (1994): Handicap: identités, représentations, théories.

Stiker, Henri-Jacques (1997): *Corps infirmes et sociétés,* Paris: Dunod.

Swain, Gladys (1982): *Une logique d'inclusion: les infirmes du signe,* Esprit 5, mai, reprinted in Dialogue avec l'insensé, Paris, Gallimard, 1994.

Turner, W. Victor (1969): *The Ritual Processs. Structure and Anti-Structure,* Adline Publishing Company.

Van Gennep, Arnold (1981/1909): *Les rites des passages,* Paris: Picard.

Vial, Monique (1990): *Les enfants anormaux à l'école. Aux origines de l'éducation spécialisée 1882–1909,* Preface de Antoine Prost, Paris: Armand Colin.